The Wycliffe Medical Practice

Quality Report

Lutterworth Medical Centre
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Website: www.wycliffemedicalpractice.nhs.uk

Date of inspection visit: 15 March 2016
Date of publication: 10/05/2016

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Wycliffe Medical Practice on 15 March 2016. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough.
- The practice did not have a robust system in place to manage and monitor risks to patients, staff and visitors to the practice.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

Summary of findings

- Have a system in place to ensure significant events and complaints are investigated fully, identified actions implemented and any learning cascaded to staff.
- Implement a robust system for dealing with safety alerts.
- Ensure there is an effective governance system in place to identify and mitigate risks to patients and staff in relation to the completion of actions for administration staff carrying out urine testing, printer prescription stationary, blue prescription pads used for substance misuse.
- Ensure recruitment arrangements include all necessary employment checks for all staff and are in line with Section 3 of the Health and Social Care Act 2008.
- Embed a process to ensure staff training is monitored and all staff are up to date with mandatory training.

In addition the provider should:

- Ensure an action plan from the fire drill in November 2015 is put in place with persons responsible and timeframe for completion of actions.
- Embed a consistent and formal system for dissemination of NICE clinical guidance to all staff.
- Put a system in place to monitor QOF in relation to exception reporting to ensure actions are taken where required.
- Improve the coding for vulnerable adults on the patient record system.
- Have in place a schedule of minuted meetings.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- The practice did not have a robust system in place to manage and monitor risks to patients, staff and visitors to the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care.
- The practice offered extended hours on alternate Tuesday evenings until 7.10pm and every Wednesday 7am until 8.30am for working patients who could not attend during normal opening hours.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with all staff.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice did not have a robust system in place to manage and monitor risks to patients, staff and visitors to the practice.
- The practice did not ensure that all recruitment arrangements which include all necessary employment checks for all staff were in line with Section 3 of the Health and Social Care Act 2008.

Summary of findings

- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice meets three times a week to discuss all referrals. Forms are analysed and referrals are made in a timely manner.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- All staff had received inductions and appraisals but not all staff were invited to attend meetings and events.
- The practice proactively sought feedback from patients and had an active patient participation group (PPG).

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people.

The provider was rated as good for being effective, caring and responsive and requires improvement for providing a safe and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All registered patients have a named GP who has overall responsibility for the care and support that the practice provides.
- 2.8% of patients had an advanced care plan.
- The practice have a high prevalence of patients diagnosed with hypertension 18.3% compared to a national average of 13.7%.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. For example, The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 79.9% which was 4.3% below the CCG average and 3.7% below the national average. Exception reporting was 4.3% which was 0.5% below the CCG average and 0.5% above national average.
- Patients are able to access in-house diagnostic services, for example blood pressure monitoring, 24 hour ECG monitoring to avoid travelling.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions.

The provider was rated as good for being effective, caring and responsive and requires improvement for providing a safe and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Summary of findings

- All registered patients have a named GP who has overall responsibility for the care and support that the practice provides.
- The practice have a high prevalence of patients diagnosed with COPD 2.5% compared to a national average of 1.7%.
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional was 62.7% which was 26.3% below the CCG average and 27.1% below the national average. Exception reporting was 11.6% which was 3.2% below the CCG average and 0.5% above national average.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 88.2% which was 1.9% below the CCG average of and 3.2% below the national average. Exception reporting was 3.1% which was 2.5% below CCG average and 2.1% below national average.
- The practice held a diabetes evening attended by approximately 50 patients. Members of the multi-disciplinary team attend. A discussion was held on changes to the monitoring of blood glucose.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people.

The provider was rated as good for being effective, caring and responsive and requires improvement for providing a safe and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- All registered patients have a named GP who has overall responsibility for the care and support that the practice provides.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that

Summary of findings

includes an assessment of asthma was 63.1% which was 11.3% below the CCG average and 12.2 below the national average. Exception reporting was 10.4% which was 2.2% below the CCG average and 2.9% above national average.
- The practice's uptake for the cervical screening programme was 78.1%, which was comparable to the CCG average of 78.7% and the national average of 74.3%.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% and five year olds from 92% to 99%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students).

The provider was rated as good for being effective, caring and responsive and requires improvement for providing a safe and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours on alternate Tuesday evenings until 7.10pm and every Wednesday 7am until 8.30am for working patients who could not attend during normal opening hours.
- Minor Illness clinics run daily and daily telephone advice is also available.
- All registered patients have a named GP who has overall responsibility for the care and support that the practice provides.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

Summary of findings

The provider was rated as good for being effective, caring and responsive and requires improvement for providing a safe and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- All registered patients have a named GP who has overall responsibility for the care and support that the practice provides.
- The practice has a carers register and have worked closely with the local carers support group.
- Patients with no fixed abode are able to register and be seen at the practice.
- 54% of patients on the learning disability registered had received a yearly review.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had three GPs who had a special interest in substance misuse. They liaised with drug and alcohol workers who attend the practice on a weekly basis.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

The provider was rated as good for being effective, caring and responsive and requires improvement for providing a safe and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (was 97% compared to the national average of 88%.

Summary of findings

- The practice have a high prevalence of patients diagnosed with dementia, 0.8% compared to nation average of 0.6%.
- 92.6% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 92% compared to the national average of 94%.
- All registered patients have a named GP who has overall responsibility for the care and support that the practice provides.
- Mental Health clinics are run on a weekly basis by a member of the community team.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND and SANE.
- A dementia support group is due to be held at the practice.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing above average compared to local and national averages. 238 survey forms were distributed and 132 were returned. This represented a 55% return rate.

- 86% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 93% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 94% described the overall experience of their GP surgery as good (CCG average 84%, national average 85%).
- 90% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 78%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Comments cards we reviewed told us that the service was excellent with time given to listen. Treated by professionals with compassion and understanding. Staff were caring and helpful and treated patients with dignity and respect.

We spoke with two patients during the inspection. Both patients said they were happy with the care they received and thought staff were approachable, kind and caring.

Areas for improvement

Action the service MUST take to improve

- Have a system in place to ensure significant events and complaints are investigated fully, identified actions implemented and any learning cascaded to staff.
- Implement a robust system for dealing with safety alerts.
- Ensure there is an effective governance system in place to identify and mitigate risks to patients and staff in relation to the completion of actions for administration staff carrying out urine testing, printer prescription stationary, blue prescription pads used for substance misuse.
- Ensure recruitment arrangements include all necessary employment checks for all staff and are in line with Section 3 of the Health and Social Care Act 2008.
- Embed a process to ensure staff training is monitored and all staff are up to date with mandatory training.

Action the service SHOULD take to improve

- Ensure an action plan from the fire drill in November 2015 is put in place with persons responsible and timeframe for completion of actions.
- Embed a consistent and formal system for dissemination of NICE clinical guidance to all staff.
- Put a system in place to monitor QOF in relation to exception reporting to ensure actions are taken where required.
- Improve the coding for vulnerable adults on the patient record system
- Have in place a schedule of minuted meetings.

The Wycliffe Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a second CQC inspector and a practice manager specialist adviser.

Background to The Wycliffe Medical Practice

The Lutterworth Medical Centre comprises of two GP surgeries - The Wycliffe Medical Practice and The Masharani Practice. The building also houses the local ambulance station and a private pharmacy.

At the Wycliffe Medical Practice the service is provided by six GP partners (Three female and three male), one salaried GP(female) , one practice manager, one advanced nurse practitioner, three practice nurses, three health care assistants, one operations manager, two reception supervisors, ten receptionists, one apprentice, four administrators and two medical secretaries.

The Wycliffe Medical Practice has 10,462 patients and the practice's services are commissioned by East Leicestershire and Rutland Clinical Commissioning Group (CCG). The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice was a GP training practice. They currently had two GP registrars. GP Registrars are fully qualified doctors who already have experience of hospital medicine and gain valuable experience by being based within the practice.

Local community health teams support the GPs in provision of maternity and health visitor services.

The practice had a website which we found had an easy layout for patients to use. It enabled patients to find out a wealth of information about the healthcare services provided by the practice.

The location we inspected on 15 March 2016 was The Wycliffe Medical Practice, Lutterworth Medical Centre, Gilmorton Road,Lutterworth, Leics. LE17 4EB

The Wycliffe Medical Practice is open between 8.00am and 6.30pm. GP appointments are available from 8.30am am to 10.50am and 3pm to 5pm Monday to Friday. The practice also has a nurse led minor illness clinic Monday to Thursday and a GP led minor illness clinic on a Friday, each running from 8.30am to 12 noon. Telephone consultations and home visits are also available on the day.

The practice offered extended hours on alternate Tuesday evenings from 6.30pm to 7.30pm and open early on a Wednesday morning from 7am to 8am. These appointments are for working patients who could not attend during normal opening hours.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided to Leicester City, Leicestershire and Rutland by Central Nottinghamshire Clinical Services. There were arrangements in place for services to be provided when the practice is closed and these are displayed on their practice website and noticeboard.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

We carried out an announced visit on 15 March 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred since 2009 and we reviewed two that had occurred during the last 12 months. We found that the system in place was not consistent or robust. Significant events varied in terms of documentation, investigations, actions and learning.

Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. Nursing staff we spoke with described incidents they had reported and we saw evidence that they had been discussed in nurse meetings

Significant events were a standing item on some business and clinical meeting minutes we reviewed. These were attended by the GP partners and practice manager. We found evidence that the practice had not learnt from some of these and findings were not shared with all relevant staff. However we saw that the practice had used the National Reporting and Learning System (NRLS) so that events could be shared externally to improve the safety of patients.

We spoke with the registered manager and we were told that the system for significant events would be changed to ensure that significant events would be reported, recorded and thoroughly investigated. Since the inspection we have received from the practice an updated significant event template and policy.

National patient safety alerts were received by the practice manager via email. They told us they forwarded them to relevant staff. There was no system in place to log alerts received or how they had been actioned. The practice was unable to evidence that all staff were aware of any relevant alerts to the practice and where they needed to take action. Since the inspection we have received information from the practice that all safety alerts will be discussed at each of the monthly clinical, monthly GP-nurse, monthly GP-administrative staff meetings as a standing item on the agenda. This will ensure full dissemination of information and ensure that any appropriate action has been completed.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Not all staff we spoke with were aware of who the safeguarding lead was. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities but not all had received training relevant to their role as not all nurses were trained to level 2.GPs were trained to Safeguarding level 3.
- There was a chaperone policy, but the chaperone information was not easily visible in the waiting room and there was no information displayed in consulting or treatment rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure).
- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead. She had not undertaken further training relating to this role. Since the inspection the practice has secured additional training for the infection control lead.
- The practice employed an external cleaning company. We saw there was a cleaning schedule for the premises which detailed cleaning to be carried out for specific areas of the practice, for example, treatment rooms and consultation rooms.
- The practice carried out minor surgery. There was no schedule or record of cleaning specifically relating to minor surgery. There were no formal records that the management team carried out any spot checks of the

cleaning within the practice. However we were told that this did take place. Since the inspection the practice have implemented a record of cleaning specific to minor surgery.

- There was an infection control protocol in place and staff had received up to date training. The practice had carried out annual infection control audits and we saw evidence that action had been taken to address improvements identified as a result. We saw that fabric curtains were used but there was a schedule and guidance in place to ensure they were laundered appropriately.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However one of the three fridges in use in the practice did not have a secondary independent thermometer in order to cross check the aaccuracy of the temperature. We could not find evidence that the fridges had been serviced on a regular basis. Following our inspection the practice sent us a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. Most of these were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. However we found on the day of the inspection that a monthly stock balance check of controlled drugs had not taken place. We spoke with the management team and since the inspection they have updated their policy and implemented regular weekly checks of controlled medicines.
- The practice had some measures in place for the safety and security of prescription pads and printer stationary. Both blank prescription forms for use in printers and hand written prescriptions pads were logged on receipt at the practice and kept securely and a process in place to track them through the practice. However we found on the day of the inspection blue prescriptions , used for substance misuse were kept securely during the practice opening hours but were not tracked through the practice so that if stolen or lost so that they could promptly be identified and investigated. We spoke with the management team and since the inspection they have updated their policy.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed 12 personnel files and found that there were inconsistencies and gaps in the recruitment checks undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body.

Monitoring risks to patients

The practice did not have a robust system in place to manage and monitor risks to patients, staff and visitors to the practice.

- The practice did not have a risk log but there were some procedures in place for monitoring and managing risks to patient and staff safety. The practice had an up to date fire risk assessment undertaken on 25 February 2016 and yearly fire drills were carried out on behalf of Lutterworth Medical Centre. We saw the notes of the last fire drill on 13 November 2015. Actions had been identified for future fire drills but no action plan had been put in place, persons responsible or timeframe for completion of actions.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However there was no evidence available to show that the vaccine fridges had been serviced on an annual basis.
- The practice had a workplace risk assessment in place to monitor safety of the premises such as general building and slips, trips and falls. There were risk assessments relating to control of substances hazardous to health for the products used by the

cleaners but not for other substances in the practice. There were also risk assessments for Lutterworth Medical Centre such as fire alarm and emergency lighting testing.

- The practice had a lift and the last service took place in January 2016.
- We were told and we saw evidence that a legionella risk assessment had been undertaken by the landlords of the building when it had been built. It had been deemed low risk and water temperature checks were to be carried out on a regular basis. We saw that the risk assessment was reviewed on a yearly basis. We saw that the practice carried out monthly water checks. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Staff we spoke with told us that they had been given the task of testing patient's urine without any training and they had not been given the opportunity to have a Hepatitis B test. A risk assessment had been completed on 15 October 2015 but it did not make reference to offering the staff the opportunity to have a Hepatitis B test if they so wished to do so. At the inspection we saw that this had been discussed at a business meeting in October 2015 and a protocol had been written which said that training would be given by the nursing team.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in the treatment room and all staff knew of their location. This room was kept unlocked during the day to allow rapid access to the equipment. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive service continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. We saw that guidance had been incorporated into policies and templates. However there was not a consistent or formal system for dissemination.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91.1% of the total number of points available, with 8.4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice are outliers for a number of QOF (or other national) clinical targets. Data from 2014/15 showed;

For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 88.2% which was 1.9% below the CCG average of and 3.2% below the national average. Exception reporting was 3.1% which was 2.5% below CCG average and 2.1% below national average.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma was 63.1% which was 11.3% below the CCG average and 12.2 below the national average. Exception reporting was 10.4% which was 2.2% below the CCG average and 2.9% above national average.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 79.9% which was 4.3% below the CCG average and 3.7% below the national average. Exception reporting was 4.3% which was 0.5% below the CCG average and 0.5% above national average.
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional was 62.7% which was 26.3% below the CCG average and 27.1% below the national average. Exception reporting was 11.6% which was 3.2% below the CCG average and 0.5% above national average.
- The dementia diagnosis rate was 87.5% which was 3.5% above the CCG average and 6% above the national average. Exception reporting was 46.7% which was 38.9% above the CCG average and 38.3% above national average. The practice carried out the relevant investigations prior to making a referral. They told us that a major factor for the high exception reporting was due to patients having to wait for local memory clinic appointments.

We spoke with the QOF lead who told us the practice had looked into the QOF results and discussed them in partner meetings. They had sent out further invites for patients to attend for a review, added a note on their repeat prescriptions and reduced the number of repeats a patient could have in order to try and improve patient attendance.

Clinical audits demonstrated quality improvement.

- There had been ten clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice are part of a research programme in conjunction with The Leicester Cardiovascular Biomedical Research Unit (LCBRU). Their aim is to improve the diagnosis, prognosis and treatment ofcardiovascular diseases.

Good

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, an antibiotic audit demonstrated that there had been a reduction in the number of antibiotics prescribed which were not in line with national guidance.
- Information about patients' outcomes was used to make improvements. For example, recent action taken as a result of an audit of patients with atrial fibrillation and not receiving anticoagulation treatment.In January 2016 90% of patients had undergone an assessment using a risk stratification tool. 93.5% were found to be on an appropriate form of anticoagulant.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff however we found on the day of the inspection that it was not formally recorded. We were told it covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, through regular update training.
- Staff had access to training to meet their learning needs and to cover the scope of their work. This included appraisals, mentoring, informal clinical supervision and facilitation and support for revalidating GPs. Most staff had had an appraisal within the last 12 months.
- The practice did not have a training matrix in place to identify when training was due therefore we could not be assured that all their learning needs of staff had been identified. For example, we found that not all staff had received and fire safety training. We saw that staff had access to and most had made use of e-learning training modules and in house training. This training that included: safeguarding, fire procedures, basic life support and information governance awareness.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services, for example when referring patients to other services. The practice held a meeting three times a week to discuss and review all referrals to ensure the referrals were appropriate and completed in a timely manner.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

- The practice took part in shared care monitoring for specific medicines. Shared care is for patients who are stable on specific medicines that have been initiated by secondary care. Patients who were not stable were referred back to be reviewed by secondary care.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. In February 2016 the practice team had received further training from the clinical commissioning group on MCA and Deprivation of Liberty (DOLs).
  When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Good

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Mental Health clinics are run on a weekly basis on the premises by a member of the community team. Drug and alcohol workers also attended the practice on a weekly basis.
- The practice's uptake for the cervical screening programme was 78.1%, which was comparable to the CCG average of 78.7% and the national average of 74.3%. There was a policy for patients who did not attend for their cervical screening test.The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% and five year olds from 92% to 99%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. 699 invites had been sent out over the last nine months and 37% had attended for a health check. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

18 of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were polite, helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the January 2016 national patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 87%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 89% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

Care planning and involvement in decisions about care and treatment

Comment cards we received told us that patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the January 2016 national patient survey showed patients responded well to questions about their involvement in planning and making decisions about their care and treatment. Results were in line or above local and national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%).
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 81%, national average 85%).Staff told us that translation services were available for patients who did not have English as a first language, for example, Mandarin. We saw notices in the reception areas informing patients this service was available. The practice website also has the facility to translate the information into a number of languages.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Good

Are services caring?

Staff told us that if families had suffered bereavement the practice send out a letter of condolence and relatives are invited to make an appointment, if they so wish, to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- The practice offered extended hours on alternate Tuesday evenings until 7.10pm and every Wednesday 7am until 8.30am for working patients who could not attend during normal opening hours.
- Appointments can be booked up to three weeks in advance.
- There were longer appointments available for patients with a learning disability, long term conditions and joint injections.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Yellow form system can be used as part of the triage system. The form is completed by the patient, provides confidentiality and is seen by the triage doctor.
- Patients were able to receive travel vaccinations available on the NHS.
- There was a 'health information room' for patients use with a variety of information available on various conditions and support available. Additionally there was a blood pressure monitor, and scales for patients' use.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a very open reception area where it was difficult to maintain confidentiality. However if patients wished to speak in private a room was available. No phone call were taken at the reception area in order to maintain confidentiality.
- The practice held a diabetes evening attended by approximately 50 patients. Members of the multi-disciplinary team attend. A discussion was held on changes to the monitoring of blood glucose.

Access to the service

The practice was open between 8.00am and 6.30pm. GP appointments are available from 8.30am am to 10.50am and 3pm to 5pm Monday to Friday. The practice also has a nurse led minor illness clinic Monday to Thursday and a GP led minor illness clinic on a Friday, each running from 8.30am to 12 noon. Telephone consultations and home visits are also available on the day.

The practice offered extended hours on alternate Tuesday evenings from 6.30pm to 7.30pm and open early on a Wednesday morning from 7am to 8am. These appointments are for working patients who could not attend during normal opening hours.

Results from the January 2016 national patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 86% patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 62% patients said they always or almost always see or speak to the GP they prefer (CCG average 60%, national average 59%).

Most comments cards we reviewed told us that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website, in the reception area in the form of a summary leaflet.

We looked at two complaints received in the last 12 months and found they had both been dealt with in a timely manner. However complaints information was not kept in a single place and timelines for what had taken place, been received and sent was not clearly recorded.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place to review complaints annually to detect themes or trends. However complaints were not tracked through the practice and there was no evidence of learning from complaints or findings shared with staff members in order to improve the quality of care provided. Some staff we spoke with have never received any feedback or learning from complaints received at the practice.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a practice charter which was displayed in the waiting areas and staff knew and understood the values. Their aim was to provide high quality, effective and safe healthcare services. To be approachable, welcoming and to treat patients with compassion and kindness.

The practice had a vision to continue to provide good quality care to patients and provide in-house diagnostics to reduce the need for patients to travel to hospital. They will continue working with the local clinical commissioning group, such as improving the care of patients with long term conditions in the community.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff. Some had not had a recent review, for example, protocol for identification of carers.
- The recording, monitoring and investigation for significant events was not consistent or robust. Significant events varied in terms of documentation, investigations, actions and learning. We saw nurse meeting minutes from 25 November 2015 and clinical meeting minutes from 20 January 2016 in which reference was made to a significant event when patients bruised her leg on a couch, Staff felt the couch was unsafe for older patients. We did not see a significant event form or any discussion on what action had been taken.
- There was no system in place to log safety alerts received or how they had been actioned.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- The practice did not have a robust system in place to manage and monitor risks to patients, staff and visitors to the practice.
- The practice did not ensure that all recruitment arrangements which include all necessary employment checks for all staff were in line with Section 3 of the Health and Social Care Act 2008.
- The practice meets three times a week to discuss all referrals. Forms are analysed and referrals are made in a timely manner. Referral data is reviewed monthly and training is given where high referral rates have been identified.
- QOF exception reporting was discussed at partner meetings as it was higher than national and CCG average in a number of long term conditions. We did not see any evidence to suggest that a robust system was in place to explore and improve the uptake of reviews for long term conditions.
- The practice had a system in place to review complaints annually to detect themes or trends. However complaints were not tracked through the practice and there was no evidence of learning from complaints or findings shared with staff members in order to improve the quality of care provided.
- The practice did not have a training matrix in place to identify when training was due therefore we could not be assured that the learning needs of all staff had been identified.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. All staff had been to workshops in September and October 2015 to discuss the visions and values of the practice.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

Since our inspection the practice had identified a number of areas where they felt there was room for improvement and had put in place an action plan to address this as part of their strategy going forward. These actions have not had time to be implemented yet or not had time to be embedded but demonstrated that the practice had awareness of the need for change.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- There was a clear leadership structure in place and staff most felt supported. The nursing staff told us they had regular minuted meetings. There were no full practice meetings held on a regular basis. Lack of staff meetings was also highlighted in appraisal documents we looked at on the day of the inspection.
- The practice produced a quarterly newsletter distributed to all staff. This included a brief update on significant event analysis.
- Listening events were held with staff to gain their perspective on improvements the practice could make when employing new staff, for example, staff morale.
- Staff told us there was an open culture within the teams and they had the opportunity to raise any issues at department team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by their peers and departmental teams.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, car parking for patients with a disability and do not attend (DNA) issues
- The practice had gathered feedback from staff through appraisals and informal discussions. At workshops in September and October 2015 staff had given feedback on how the practice could improve the care of housebound patients. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

- There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had taken part in a clinical commissioning group pharmacy hub pilot with 5 other practices in the locality. A full time clinical pharmacist and a full time pharmacy technician are based at the practice for one year in order to look at prescribing costs and quality improvements.
- The practice was a GP training practice. On the day of the inspection they had one GP registrar who felt very well supported by the practice. GP Registrars are fully qualified doctors who already have experience of hospital medicine and gain valuable experience by being based within the practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 12 (1) - Care and treatment must be provided in a safe way for service users. 12 (2) (a) – assessing the risks to the health and safety of service users of receiving the care and treatment 12 (2) (b) – doing all that is reasonable practicable to mitigate any such risks This was in breach of regulation 12(1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed 19 (1) - The registered person did not have a system in place to demonstrate that potential employees were:- 19 (3) – the following information must be available in relation to each such person employed – 1. – the information specified in Schedule 3, and 2. Such other information as is required under any enactment to be kept by the registered person in relation to such persons employed. This was in breach of Regulation 19)(1),(3) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014)